



## Application for Participation in the Deferred Retirement Option Plan (DROP) For 1977 Fund Members Only

### Instructions for Completing this Form Please Read Carefully

**IMPORTANT:**

1. Remove the form. Do not return these instructions to the 1977 Fund.
2. Please type or print. Use black ink.
3. Complete all information. Remember to put your name and Social Security Number at the top of every page.
4. Return the completed form directly to the 1977 Fund at the address below.

#### PRIVACY NOTICE

Your Social Security Number is requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

#### STEP 1: MEMBER INFORMATION

**Member's Social Security Number:** Enter all nine digits of your Social Security Number. Your application will not be processed without this information.

**Date of Application:** Enter the date you completed the application.

**Member's Name:** Enter your first name, middle initial, and last name.

**Member's Address:** Enter your full street address.

**City:** Enter the city.

**State:** Enter the state.

**ZIP Code:** Enter your five or nine-digit ZIP Code.

**Member's Phone Number:** Enter your telephone numbers, beginning with area code. Please provide separate day and evening phone numbers.

**E-mail address:** Enter your E-mail address, if you have one.

#### STEP 2: DROP ELECTION DATES

**DROP Entry Date** Please enter the date as MM/DD/YYYY. You must have at least 20 years of service and be age 52 by this date. This date cannot be earlier than the date your DROP election form is mailed to the 1977 Fund.



**DROP Retirement Date (Effective Date of Retirement)** Please enter the date as MM/DD/YYYY. This date must be at least twelve (12) months after your DROP Entry Date and it cannot be more than thirty-six (36) months after your DROP Entry Date.

### **Important Note**

You may select any day of the month as a DROP Entry Date or DROP Retirement Date. However, your DROP lump sum amount will be calculated based upon the number of completed calendar months. The length of the DROP period must be no less than twelve (12) months and no more than thirty-six (36) months.

Your DROP Retirement Date is the first day your retirement benefit is effective. Your retirement is effective on the first day after your last day of employment. Please carefully choose this date. In order to be eligible to choose the DROP benefits, your employer must certify to the 1977 Fund that your last day of paid employment was the day before your DROP Retirement Date.

Example 1: If you select a DROP Entry Date of March 20, 2007 and a DROP Retirement Date of March 20, 2009, your DROP lump sum will be calculated based on 24 completed months. Your DROP Retirement Date is the day after your last day of employment. In order to be eligible to choose the DROP benefit, your employer must certify that your last day of employment is March 19, 2009. Your pension will begin as soon as administratively possible and you would be paid a prorated retirement benefit for March 2009, and a full month's pension benefit in April 2009.

Example 2: If you select a DROP Entry Date of March 20, 2007, and a DROP Retirement Date of March 1, 2009, your DROP lump sum will be calculated based on 23 months of time in the DROP because you will only have been in the DROP for 23 full months. In order to be eligible to choose the DROP benefit, your employer must certify that your last day of employment is February 28, 2009. Your pension will begin as soon as administratively possible and you will be paid a full month's pension benefit for March 2009.

### **MEMBER ACKNOWLEDGEMENT**

Please read the notice that your choice of DROP Entry Date and DROP Retirement Date cannot be changed after this form is received by the 1977 Fund. Then sign and print your name acknowledging you have read and understand the notice.

## **RETURN THE FORM TO THE 1977 FUND**

Once the form has been completed according to these instructions, return the form (DO NOT return the instructions) to the 1977 Fund at the following address:

**1977 Police Officers' and Firefighters' Fund  
143 West Market Street  
Indianapolis, IN 46204**

*This application must be received by the 1977 Fund prior to the DROP Entry Date.*

#### **MEMBER NOTE: CHANGES TO INFORMATION –**

IF YOU HAVE ANY CHANGES TO ANY OF THE INFORMATION ON THIS FORM SUCH AS YOUR NAME OR ADDRESS, PLEASE IMMEDIATELY NOTIFY THE 1977 FUND AT THE ADDRESS ABOVE. THIS IS TO ENSURE THAT YOU RECEIVE CORRECT AND IMPORTANT INFORMATION REGARDING YOUR BENEFITS AND TAXES.



## **HELPFUL INFORMATION**

### **PERF**

#### **TELEPHONE NUMBERS:**

Indianapolis & vicinity (317) 233-4162  
Toll-Free Number 1-(888) 526-1687  
TDD (hearing impaired number) (317) 233-4160  
FAX Number (317) 232-1614

PERF on the Internet: [www.state.in.us/perf](http://www.state.in.us/perf)

### **1977 FUND**

#### **TELEPHONE NUMBERS:**

(317) 233-4146  
The 1977 Fund may also be reached through the PERF toll-free number, just ask the operator  
FAX Number (317) 234-1529

1977 FUND MEMBER HANDBOOK (latest edition)

### **INTERNAL REVENUE SERVICE**

#### **TELEPHONE NUMBERS:**

Toll-Free Number 1-(829) 829-1040  
TDD (hearing impaired number) 1-(800)-829-4059  
Tele Tax 1-(800)-829-4477

IRS PUBLICATION 575, PENSION AND ANNUITY INFORMATION

IRS PUBLICATION 590, INDIVIDUAL RETIREMENT ARRANGEMENTS

IRS WEBSITE: [www.irs.gov](http://www.irs.gov)

### **INDIANA STATE DEPARTMENT OF REVENUE (DOR)**

#### **TELEPHONE NUMBERS:**

Indianapolis & vicinity (317) 233-4018  
TDD (hearing impaired number) (317) 233-4952  
Fax Number (317) 233-2329  
Individual Income Tax Questions (317) 232-2240  
Outside of Indianapolis – See DOR Website

DOR WEBSITE: [www.in.gov/dor](http://www.in.gov/dor)



**PRIVACY NOTICE**

Your Social Security Number is requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

## Application for Participation in the Deferred Retirement Option Plan (DROP) For 1977 Police Officers' and Firefighters' Pension and Disability Fund Members Only

State Form 51145 (R/ 6-06)

**INSTRUCTIONS:**

1. Please **TYPE** or **PRINT**. Use black ink.
2. Complete all information. Remember to put your name and Social Security Number at the top of every page.
3. Return the completed form directly to the 1977 Fund. **Do Not return the instruction pages.**

**STEP 1: Member Information**

Social Security Number _ _ _ - _ - _		Date (MM/DD/YYYY)	
First Name	MI	Last Name	
Address			
City		State	Zip Code
Day Phone		Evening Phone	
E-mail Address			

**STEP 2: DROP Election Dates**

<b>DROP Entry Date (MM/DD/YYYY)</b> You must have 20 years of service and be age 52 by this date. This date cannot be earlier than when your DROP election form is mailed.	(MM/DD/YYYY)
<b>DROP Retirement Date (Effective Date of Retirement)</b> This must be at least 12 months after your DROP Entry Date, but cannot be more than 36 months after this date..	(MM/DD/YYYY)
I elect the above dates for participation in the Deferred Retirement Option Plan (DROP). I understand that in order to remain eligible for DROP benefits upon retirement, my choice of dates for entry and retirement under the DROP <u>cannot</u> be changed after this form is received by the 1977 Fund, and by signing below I acknowledge that I have read and understand this statement.	
Member Signature	Printed Name

**Return this form to:**

**1977 Police Officers' and Firefighters' Fund  
143 West Market Street  
Suite 400  
Indianapolis, IN 46204**